



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF ARCHITECTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

VERIFICATION OF ARCHITECT IN CHARGE INFORMATION

Instructions

This form is required to verify the **Delaware-licensed** Architects who have been designated in responsible charge of and/or for direct supervision of the practice of architecture on behalf of a business that holds a Delaware Certificate of Authorization. A person with knowledge of the business should complete the form and return it to the Board office at the address above. Note the following:

- The Board office must process this form before it renews the business' Certificate of Authorization.
- Submit the form in advance of the Certificate of Authorization July 31 expiration date to allow the Board office sufficient time to process it before the Certificate expires.
- ***This form is NOT a Certificate of Authorization renewal application. In addition to submitting this form, you must complete the online renewal application for the business.*** Follow the instructions on the *Official Renewal Notice for Certificates of Authorization* to submit the online renewal application.

1. Business Name (as it appears on Delaware license): _____
2. Delaware Certificate of Authorization License Number: **S7** - _____
3. Enter the following information about each Delaware-licensed Architect who has been designated as a person in responsible charge of and/or for direct supervision of architecture services offered or provided in Delaware by the business named above.

NAME OF DESIGNATED PERSON	DELAWARE ARCHITECT LICENSE NO
	S5 - _____

4. Do you understand that any change in the designated professional(s) in charge must be reported to the Board within 30 days of the change? Yes No

Printed Name of Person Completing this Form on Behalf of Business: _____

Title/Position: _____

Signature: _____ **Date:** _____